

Permission to MOVE my Tennessee College of Direct Support Transcript

Revision Date 2/29/12

This form is not for employees who work for more than one agency.

I _____ no longer work for
Employee's Name (Please Print)

_____ and would like my CDS Records moved
Agency Name (Please Print)

to my new employer: _____ located in
New Employer (Please Print)

City _____ Learner's Email: _____
(Please Print) (Please Print)

Learner's Phone Number: _____
(Please include area code)

Learner's ID: _____
(Please Print)

Employee's Signature _____
(Because the transcript belongs to the learner, not the agency, employee's signature is required)

CDS Administrator's Name for New Agency _____
(Please Print)

CDS Administrator's Phone # _____
(Please Print)

CDS Administrator's Email _____
(Please Print)

CDS Administrator's ID# _____
(Please Print)

Learner's new Sub-department assignment _____
(Please Print)

Please fax to 1-855-589-3667 or scan and email to DIDD.ISQA@tn.gov

Thank you!